PTO/SB/30-(04-05)
Approved for use through 07/31/2006 OMB 0551-0031
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Request

For Continued Examination (RCE) **Transmittal**

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

•	
Application Number	09/256,368-Conf. #009732
Filing Date	February 24, 1999
First Named Inventor	Tsuneo SATO
Art Unit	2672
Examiner Name	J. A. Amini
Attorney Docket Number	0649-0679P

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

amendments encl	uired under 37 CFR 1.114 Note: If the RCE is proper, are osed with the RCE will be entered in the order in which they we taken to have any previously filed unentered amendment(s) en	ere filed ui	nless applica	ant instructs otherwise. If
	sly submitted. If a final Office action is outstanding, any considered as a submission even if this box is not chec		ments filed	after the final Office action
i. Con	sider the arguments in the Appeal Brief or Reply Brief pro	eviously	filed on	· · · · · · · · · · · · · · · · · · ·
iiOth	er			
b. Enclose	d			
i. Ame	endment/Reply iii. Information	Disclosu	re Stateme	nt (IDS)
ii. Affic	davit(s)/Declaration(s) iv. Other			
2. Miscellaneous				
a. Suspen	sion of action on the above-identified application is requ	uested ur	nder 37 CF	R 1.103(c) for a
period o	of months. (Period of suspension shall not exc	ceed 3 mo	onths; Fee ur	nder 37 CFR 1.17(i) required)
b. Other				
3. Fees The RC	E fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 w	vhen the	RCE is filed	
a. The Dire	ector is hereby authorized to charge the following fees,	any unde	erpayment	of fees, or credit any
overpay	ments to Deposit Account No I ha	ave enclo	osed a dup	licate copy of this sheet.
i. X RCE	E fee required under 37 CFR 1.17(e)			
ii. X Exte	ension of time fee (37 CFR 1.136 and 1.17)			
iii. Oth	er			
	n the amount of \$1,240.00 enclo	osed		
c. Paymen	nt by credit card (Form PTO-2038 enclosed)			
	SIGNATURE OF APPLICANT, ATTORNEY, OR	AGENT	REQUIRE	ED
Signature	MAN	Date	July 11,	
Name (Print/Type)	Michael R. Cammarata	Registra	ation No.	39,491

07/13/2005 HALI11 00000035 09256368

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PTO/SB/17 (12-04v2)
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(F)	TA THA	DE	MARY	~

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number					
Effective on 12/08/2004.		Complete if Known			
Fees pursuant to the Consolidated Appropriation		Application Number	09/256,368-Conf. #009732		
FEE TRANSMI	ITTAL	Filing Date	February 24, 1999		
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Tsuneo SATO		
		Examiner Name	J. A. Amini		
		Art Unit	2672		
TOTAL AMOUNT OF PAYMENT ((\$) 1,240.00	Attorney Docket No.	0649-0679P		

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METHOD OF PAYM	IENT (check all t	nat apply)						
X Check Cred	lit Card N	Ioney Order	None	Other (please identif	y):		
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-ion	dentified deposit a	account, the [Director is he	reby authorize	ed to: (check	all that apply)		
Charge fe	e(s) indicated bel	ow		Charge	e fee(s) indic	ated below, ex	cept for th	ne filing fee
	ny additional fee(s		yment of	x Credit	any overpay	ments		
FEE CALCULATION	N			· · · · · · · · · · · · · · · · · · ·				
1. BASIC FILING, SEA	RCH, AND EXAM	INATION FE	ES					
		G FEES	SEAR	CH FEES	EXAMINA	TION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		177
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	·	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE	S					•		Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (inc							50	25
Each independent claim	•	g Reissues)					200	100
Multiple dependent clai							360	180
Total Claims Ex	tra Claims F	<u>ee (\$) </u>	Fee Paid	(\$)		tiple Depende		
	× _				Fee	(<u>\$)</u> <u>F</u>	ee Paid (\$	1
Indep. Claims Ex	tra Claims F	ee (\$)_	Fee Paid	I (\$)				_
. =	x	= -		-14/				
3. APPLICATION SIZE	FEE							
If the specification and listings under 37 Cl	drawings exceed	1 100 sheets	of paper (exc	cluding electro	onically filed	d sequence or o	omputer	
sheets or fraction th					or sman enu	ty) for each au	uitionai 50	,
Total Sheets	Extra Sheets			ional 50 or frac	tion thereof	Fee (\$)	Fee F	Paid (\$)
- 100 =	:	/50	(101	und up to a who	le number) x			
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing				ed examinat nse within se				0.00 0.00
		OF EVIDING	ii ioi respo	1130 WILLIIII SE	acona mon	.11		0.00

SUBMITTED BY					
Signature	Millent	Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000
Name (Print/Type)	Michael R. Cammarata			Date	July 11, 2005